



## Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

If you believe you have been discriminated against by MTS, you may file a signed, written complaint within 180 days of the date of alleged discrimination. You may use the form below, which includes the necessary information to process your claim. When completed, please return this form to the Metropolitan Transit System, Title VI Officer, 1255 Imperial Avenue #1000, San Diego, CA 92101.

### SECTION 1: BASIC INFORMATION

#### COMPLAINANT’S INFORMATION

**A**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### VICTIM’S INFORMATION (if other than above)

**B**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**C**

Date of alleged discrimination: \_\_\_\_\_

**D**

Do you believe that the reason for the alleged discrimination:

Race/Color

National Origin

Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?

No

Yes →

If yes, mark all appropriate boxes:  Local agency  Federal agency  
 State agency  Federal court  State court

Contact information for the agency/court where the complaint was filed:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**E**

